REPORT - HIPAA 834 to ESA Refugee mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Benefit Enrollment and Maintenance						County Health Dept enrolls refugees for health assessment and sends health registry form to ESA, which includes both demographics and services rendered (837P).	Processing Logic
	ST	**Transaction Set Header**		R					
	ST 01	Transaction Set Identifier Code	ID3	R				verify "834"	Translation
	BGN	**Beginning Segment**		R					
	REF	**Transaction Set Policy Number**		S					
	DTP	**File Effective Date**		S					
1000A	*N 1*	*Sponsor Name*		*R*					
1000A	N 1	**Sponsor Name**		R					
1000A	N 101	Entity Identifier Code	ID3	R				verify "P5"-sponsor	Translation
1000A	N 102	Plan Sponsor Name	AN60	S	Health-Registry	HEALTH DEPT/DISTRICT	X		
1000A	N 103	Identification Code Qualifier	ID2	R				verify "FI"-Fed TaxID	Translation
1000A	N 104	Sponsor Identifier	AN80	R				Get a Tax ID for the Health Depts	HIPAA Required
1000B	*N 1*	*Payer*		*R*					
1000B	N 1	**Payer**		R					
1000B	N 101	Entity Identifier Code	ID3	R				verify "IN"-payor	Translation
1000B	N 102	Insurer Name	AN60	S				verify "WA DSHS ESA Refugee" as payer name	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000B	N 104	Insurer Identification Code	AN80	R				Need to hard code ESA/DSHS Federal Tax ID.	HIPAA Required
1000C	*N 1*	*TPA/Broker Name*		*S*					
1000C	N 1	TPA/Broker Name		S					
1100C	*ACT*	*TPA/Broker Account Information*		*S*					
1100C	ACT	TPA/Broker Account Information		S					
2000	*INS*	*Member Level Detail*		*R*					
2000	INS	Member Level Detail		R					
2000	INS01	Insured Indicator	ID1	R				"Y"-insured is subscriber	Translation
2000	INS02	Individual Relationship Code	ID2	R				"18"-self (insured is subscriber)	Translation
2000	INS03	Maintenance Type Code	ID3	R				001-change, 021-add, 024-term, 025-reinstate, 030-audit	Processing Logic
2000	INS05	Benefit Status Code	ID1	R				A-active	Translation
2000	REF	Subscriber Number		R					
2000	REF02	Subscriber Identifier	AN30	R	Health-Registry	ALIEN NO	X8(9)		
2000	REF	Member Policy Number		S					
2000	REF	Member Identification Number		S					
2000	REF01	Reference Identification Qualifier	ID3	R				23-client ID	Translation
2000	REF02	Subscriber Supplemental Identifier	AN30	R	Health-Registry	PIC CODE	X		
2000	REF	Prior Coverage Months		S					
2000	REF02	Prior Coverage Month Count	AN30	R	Health-Registry	ARRIVE IN US	9	Compute in-country date to now	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000	**DTP**	**Member Level Dates**		**S**					
2000	DTP01	Date Time Qualifier	ID3	R				Send 2 DTP segments: use "356" with elig begin date; use "357" with elig end date	HIPAA Required
2000	DTP03	Status Information Effective Date	AN35	R	Health-Registry	ARRIVE IN US	9	Add 6 months for elig end date	HIPAA Required
2100A	*NM1*	*Member Name*		*R*					
2100A	**NM1**	**Member Name**		**R**					
2100A	NM103	Subscriber Last Name	AN35	R	Health-Registry	LNAME	X		
2100A	NM104	Subscriber First Name	AN25	R	Health-Registry	FNAME	X		
2100A	NM105	Subscriber Middle Name	AN25	S	Health-Registry	MI	X		
2100A	NM108	Identification Code Qualifier	ID2	S				verify "34"-SSN	Translation
2100A	NM109	Subscriber Identifier	AN80	S	Health-Registry	SSN	9		
2100A	**PER**	**Member Communications Numbers**		**S**					
2100A	**N 3**	**Member Residence Street Address**		**S**					
2100A	N 301	Subscriber Address Line	AN55	R				Get refugee's address, or use volunteer agency's.	HIPAA Required
2100A	**N 4**	**Member Residence City, State, ZIP Code**		**S**					
2100A	N 401	Subscriber City Name	AN30	R				Get refugee's address, or use volunteer agency's.	HIPAA Required
2100A	N 402	Subscriber State Code	ID2	R				Get refugee's address, or use volunteer agency's.	HIPAA Required
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R				Get refugee's address, or use volunteer agency's.	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	N 405	Location Qualifier	ID2	S				verify "60"-TPA area	Translation
2100A	N 406	Location Identification Code	AN30	S	Health-Registry	BIPL	X		
2100A	**DMG**	**Member Demographics**		**S**					
2100A	DMG02	Member Birth Date	AN35	R	Health-Registry	BIRTH DATE	9		
2100A	DMG03	Gender Code	ID1	R	Health-Registry	SX	X	What local codes used?	System Questions
2100A	**ICM**	**Member Income**		**S**					
2100A	**AMT**	**Member Policy Amounts**		**S**					
2100A	**HLH**	**Member Health Information**		**S**					
2100A	**LUI**	**Member Language**		**S**					
2100B	*NM1*	*Incorrect Member Name*		*S*					
2100B	**NM1**	**Incorrect Member Name**		**S**				If sent, this will be prior member name or ID, which is incorrect.	Processing Logic
2100B	**DMG**	**Incorrect Member Demographics**		**S**				If sent, this will be prior member birthdate or gender, which is incorrect.	Processing Logic
2100C	*NM1*	*Member Mailing Address*		*S*					
2100C	**NM1**	**Member Mailing Address**		**S**					
2100C	**N 3**	**Member Mail Street Address**		**S**					
2100C	**N 4**	**Member Mail City, State, Zip**		**S**					
2100D	*NM1*	*Member Employer*		*S*					
2100D	**NM1**	**Member Employer**		**S**					
2100D	**PER**	**Member Employer Communications Numbers**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100D	**N 3**	**Member Employer Street Address**		**S**					
2100D	**N 4**	**Member Employer City, State, Zip**		**S**					
2100E	*NM1*	*Member School*		*S*					
2100E	**NM1**	**Member School**		**S**					
2100E	**PER**	**Member School Commmunications Numbers**		**S**					
2100E	**N 3**	**Member School Street Address**		**S**					
2100E	**N 4**	**Member School City, State, Zip**		**S**					
2100F	*NM1*	*Custodial Parent*		*S*					
2100F	**NM1**	**Custodial Parent**		**S**					
2100F	**PER**	**Custodial Parent Communications Numbers**		**S**					
2100F	**N 3**	**Custodial Parent Street Address**		**S**					
2100F	**N 4**	**Custodial Parent City, State, Zip**		**S**					
2100G	*NM1*	*Responsible Person*		*S*					
2100G	**NM1**	**Responsible Person**		**S**					
2100G	NM101	Entity Identifier Code	ID3	R				hard code QD-responsible party for refugee's sponsor / volunteer agency	Translation
2100G	NM102	Entity Type Qualifier	ID1	R				hard code 1-person	Translation
2100G	NM103	Responsible Party Last or Organization Name	AN35	R				name of refugee's sponsor / volunteer agency	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100G	NM104	Responsible Party First Name	AN25	R				first name is required if using this segment	Processing Logic
2100G	**PER**	**Responsible Person Communications Numbers**		**S**					
2100G	**N 3**	**Responsible Person Street Address**		**S**					
2100G	**N 4**	**Responsible Person City, State, Zip**		**S**					
2200	***DSB***	***Disability Information***		***S***					
2200	**DSB**	**Disability Information**		**S**					
2200	**DTP**	**Disability Eligibility Dates**		**S**					
2300	***HD***	***Health Coverage***		***S***					
2300	**HD**	**Health Coverage**		**S**					
2300	HD 01	Maintenance Type Code	ID3	R				repeat from INS03	HIPAA Required
2300	HD 03	Insurance Line Code	ID3	R				"AG"-preventive care & wellness, or "AK"-mental health	HIPAA Required
2300	HD 04	Plan Coverage Description	AN50	S				hard code "WA DSHS <program>"	Translation
2300	**DTP**	**Health Coverage Dates**		**R**					
2300	DTP03	Coverage Period	AN35	R	Health-Registry	ARRIVE IN US	9	in country date + 6 months	HIPAA Required
2300	**AMT**	**Health Coverage Policy**		**S**					
2300	**REF**	**Health Coverage Policy Number**		**S**					
2300	**IDC**	**Identification Card**		**S**					
2310	***LX***	***Provider Information***		***S***					
2310	**LX**	**Provider Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310	NM1	Provider Name		R					
2310	N 4	Provider City, State, ZIP Code		S					
2310	PER	Provider Communications Numbers		S					
2310	PLA	PCP Change Reason		S					
2320	*COB*	*Coordination of Benefits*		*S*					
2320	COB	Coordination of Benefits		S					
2320	REF	Additional Coordination of Benefits Identifiers		S					
2320	N 1	Other Insurance Company Name		S					
2320	DTP	Coordination of Benefits Eligibility Dates		S					
2320	SE	Transaction Set Trailer		R					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)